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**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**

**VOLUNTARY**  
**PETITION CHAPTER 13**

IN RE: NAME OF DEBTOR (Last, First, Middle)

NAME OF JOINT DEBTOR (Spouse)(Last, First, Middle)

**Deacon II, William,**ALL OTHER NAMES, INCLUDING TRADE NAMES, USED BY THE DEBTOR  
IN THE LAST 6 YEARSALL OTHER NAMES, INCLUDING TRADE NAMES, USED BY THE JOINT DEBTOR  
IN LAST 6 YEARS

Soc. Sec/Tax I.D.No.(If more than one, state all):

Soc. Sec./Tax I.D.No. (If more than one, state all):

**XXX-XX-8192****XXX-XX-**

ADDRESS OF DEBTOR (Street, City, State, and Zip Code)

ADDRESS OF JOINT DEBTOR(Street, City, State and Zip Code)

**16204 Hawthorne Lane**  
**Orland Hills IL 60477-0002**COUNTY OF RESIDENCE **COOK**COUNTY OF RESIDENCE **COOK**

MAILING ADDRESS OF DEBTOR (If different from Street Address)

MAILING ADDRESS OF DEBTOR (If different from Street Address)

LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR  
(If different address listed above)

VENUE (Check one)

- ☒ [X] Debtor has been domiciled or has had a residence, principal place of business, of principal assets in this District for 180 Days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ [ ] There is a bankruptcy case concerning debtor's affiliate, general partner or partnership pending in this District.

**INFORMATION REGARDING DEBTOR (Check applicable boxes)**

TYPE OF DEBTOR

- ☒ [X] Individual ☐ [ ] Corporation Publicly Held
- ☐ [ ] Joint (Husband & Wife) ☐ [ ] Corporation Not Publicly Held
- ☐ [ ] Partnership ☐ [ ] Municipality
- ☐ [ ] Other \_\_\_\_\_

CHAPTER OF THE BANKRUPTCY CODE UNDER WHICH  
THE PETITION IS FILED (Check one box)

- ☐ [ ] Chapter 7 ☐ [ ] Chapter 11 Railroad
- ☐ [ ] Ch. 7 Broker ☐ [ ] Chapter 12
- ☐ [ ] Ch. 9 ☒ [X] Chapter 13
- ☐ [ ] Ch. 11 ☐ [ ] Sec. 304

NATURE OF DEBT

- ☒ [X] Non-Business/Consumer ☐ [ ] Business - Complete A & B

FILING FEE (Check on box)

- ☒ [X] Filing fee attached
- ☐ [ ] Filing fee to be paid in installments

A. TYPE OF BUSINESS (Check One Box)

- ☐ [ ] Farming ☐ [ ] Transportation ☐ [ ] Commodity Broker
- ☐ [ ] Professional ☐ [ ] Manufacturer/Mining ☐ [ ] Construction
- ☐ [ ] Retail/Wholesale ☐ [ ] Real Estate
- ☐ [ ] Railroad ☐ [ ] Stock Broker ☐ [ ] Other Business

NAME AND ADDRESS OF LAW FIRM OR ATTORNEY

**URBAN & BURT, LTD.**  
**5320 W. 159th Street**  
**Oak Forest, IL 60452**  
**708-687-5200**

B. BRIEFLY DESCRIBE NATURE OF BUSINESS

Name of Attorney Designated to Represent Debtor

**URBAN & BURT, LTD. (URBA) 6182264****STATISTICAL/ADMINISTRATIVE INFORMATION (U.S.C. § 604)**

- ☐ [ ] No assets will be available for distribution to creditors
- ☒ [X] Assets will be available for distribution to creditors

THIS SPACE FOR COURT USE ONLY

ESTIMATED NUMBER OF CREDITORS

1-15	16-49	50-99	100-999	1000-over
<input type="checkbox"/> [ ]	<input checked="" type="checkbox"/> [X]	<input type="checkbox"/> [ ]	<input type="checkbox"/> [ ]	<input type="checkbox"/> [ ]

ESTIMATED ASSETS (IN THOUSANDS OF DOLLARS)

Under 50	50-99	100-499	500-999	1000-over
<input type="checkbox"/> [ ]	<input type="checkbox"/> [ ]	<input checked="" type="checkbox"/> [X]	<input type="checkbox"/> [ ]	<input type="checkbox"/> [ ]

ESTIMATED LIABILITIES (IN THOUSANDS OF DOLLARS)

Under 50	50-99	100-499	500-999	1000-over
<input type="checkbox"/> [ ]	<input type="checkbox"/> [ ]	<input checked="" type="checkbox"/> [X]	<input type="checkbox"/> [ ]	<input type="checkbox"/> [ ]

ESTIMATED NUMBER OF EMPLOYEES-CHAPTER 11 AND 12 ONLY

0	1-19	20-99	100-999	1000-over
<input type="checkbox"/> [ ]	<input type="checkbox"/> [ ]	<input type="checkbox"/> [ ]	<input type="checkbox"/> [ ]	<input type="checkbox"/> [ ]

ESTIMATED NO. OF EQUITY SECURITY HOLDERS-CH.11 &amp; 12 ONLY

0	1-19	20-99	100-999	1000-over
<input type="checkbox"/> [ ]	<input type="checkbox"/> [ ]	<input type="checkbox"/> [ ]	<input type="checkbox"/> [ ]	<input type="checkbox"/> [ ]

Name of Debtor **William Deacon II**

Case Number

## FILING OF PLAN

For Chapter 9, 11, 12, and 13 cases only, Check appropriate box

☐ A copy of debtor's proposed plan is attached. ☐ Debtor intends to file a plan within the time allowed by statute, rule or order of court.

## PRIOR BANKRUPTCY CASE FILED WITHIN LAST 6 YEARS

Location Where Filed

Case Number

Date Filed

Norther Dist., IL

96 B 19394

7/26/96

## PENDING CASE FILED BY ANY SPOUSE, PARTNER, OR AFFILIATE OF THE DEBTOR

Name of Debtor

Case Number

Date

Relationship

District

Judge

## REQUEST FOR RELIEF

Debtor requests relief in accordance with the chapter of title 11, United States Code specified in this petition.

## SIGNATURES

## ATTORNEY

/s/ Edmund G. Urban III

Date: Jul 15, 2005

Debtors Attorney

## INDIVIDUAL JOINT DEBTOR(S)

I declare under penalty of perjury that the information provided in this petition and attached schedules is true and correct.

  
William Deacon II

Jul 15, 2005

## CORPORATE OR PARTNERSHIP DEBTOR

I declare under penalty of perjury that the information provided in this petition and attached schedules is true and correct.

\_\_\_\_\_  
Signature of Authorized Individual\_\_\_\_\_  
Title of Individual Authorized to File this Petition

Jul 15, 2005

EXHIBIT "A" is attached and made part of this petition (Corporate debtor under Chapter 11)

## TO BE COMPLETED BY INDIVIDUAL CHAPTER 7 DEBTOR WITH PRIMARILY CONSUMER DEBTS

I am aware that I may proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under such chapter, and choose to proceed under chapter 13 of such title. If I am represented by an attorney Exhibit "B" has been completed below.

  
William Deacon II

Jul 15, 2005

Jul 15, 2005

## EXHIBIT "B" (to be completed by attorney for individual chapter 7 debtor(s) with primarily consumer debts.)

I am the attorney for the debtor(s) named in the foregoing petition, declare that I have informed the debtor(s) that (he, she or they) may proceed under Chapter 7, 11, 12, 13 of title 11 United States Code, and have explained the relief available under each chapter which is applicable to this debtor.

/s/ Edmund G. Urban III

Jul 15, 2005

Debtors Attorney

IN RE:

William Deacon II

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

**PAGE 1**

*(Unless otherwise stated each claim is joint if the debtor is married, and is liquidated as to amount, and undisputed.)*

CREDITOR'S NAME & MAILING ADDRESS / DATE CLAIM WAS INCURRED AND / CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL
--	--

ACCOUNT #

Kenneth W. Coffey, D.D.S. 14600 S. LaGrange Rd., Suite 6 Orland Park, IL 60462	2388.60
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ACCOUNT # 1706

Kids Can Do, Inc. 19065 Hickory Creek Dr., #110 Mokena, IL 60448	937.70
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ACCOUNT # 4-40-10-0332-4

Nicor Bankruptcy Department P.O. Box 190 Aurora, IL 60507	671.06
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ACCOUNT # 0947-07717177

American General Finance 7030 West 159th Street Orland Park, IL 60462	447.63
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ACCOUNT # 5178052048027482

Capital One Bankruptcy Department P.O. Box 85167 Richmond, VA 23285	350.85
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ACCOUNT # 5407915003596860

H.S.B.C. Card Services P.O. Box 80084 Salinas, CA 93912	226.69
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IN RE:

William Deacon II

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**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

**PAGE 2**

*(Unless otherwise stated each claim is joint if the debtor is married, and is liquidated as to amount, and undisputed.)*

CREDITOR'S NAME & MAILING ADDRESS / DATE CLAIM WAS INCURRED AND / CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL
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ACCOUNT # 200500169301

Ingalls Memorial Hospital  
One Ingalls Dr.  
Harvey, IL 60426

209.36

ACCOUNT # C827-1431433

Biotech Clinical Laboratory  
24469 Indoplex Circle  
Farmington Hl, MI 48335

180.00

ACCOUNT # 109402479

Palos Community Hospital  
12251 South 80th Avenue  
Palos Heights, IL 60463

134.00

ACCOUNT # 016073-00

Tinley Park Primary Care, Ltd.  
17148 South Harlem Avenue  
Tinley Park, IL 60477

96.00

ACCOUNT # 24756

S. Suburban Open Mri Of Orland  
1035 Campus Drive  
Mundelein, IL 60060

74.60

ACCOUNT # K01067677

Wuesthoff Medical Center  
250 North Wickham Road  
Melbourne, FL 32935

10.34

TOTAL \$

5726.83

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS**

**IN RE:**

William Deacon II

) NO.

Debtor(s),

)  
)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. Sec. 329(a) and Bankruptcy Rule 2016(b), I certify that I am the above-named debtor(s) attorney and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept..... \$ 2200.00

Prior to the filing of this statement I have received..... \$ 1409.00  
(INCLUDING COSTS)

Balance Due..... \$ 985.00

2. The source of compensation paid to me was:

☐ Debtor ☒ Other (specify) Debtor's grandfather

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm.  
A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**EDMUND G. UBRAN III**  
**URBAN & BURT, LTD.**  
Attorney for Debtors  
5320 W. 159th Street  
Oak Forest, IL 60452  
708/687-5200

/s/ Edmund G. Urban III

Jul 15, 2005

IN RE: William Deacon II

Case Number \_\_\_\_\_

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 18

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Dated: Jul 15, 2005

\_\_\_\_\_  
Debtor

\_\_\_\_\_  
Joint Debtor

\_\_\_\_\_  
/s/ Edmund G. Urban III  
Attorney for Debtor